COLCHESTER POLICE DEPARTMENT NON-SWORN EMPLOYMENT APPLICATION



POSITION (CHECK ONE)

- □ FULL TIME DISPATCHER
- ☐ PART TIME DISPATCHER
- RECORDS STAFF
- □ COMMUNITY SERVICE OFFICER (BIKE PATROL & ACCESS ATTENDANT)

NAME & GENERAL INFO

(LAST NAME)	(FIRST NAME)	(Middle Initial)
ADDRESS: (ACTUAL PHYSICAL ADDR	3FSQ)	
•	RENT)	
		STATE: ZIP
		(CIRCLE) HOME WORK CEL
	,	(CIRCLE) HOME WORK CEL
		(OPTIONAL) GENDER:MF
DO YOU HAVE A DRIVER'S LIC	CENSE?NO	
DRIVER'S LICENCE NUMBER_		STATE
EDUCATION		
Нідн ѕсноог		GRADE COMPLETED
LOCATION_ (CITY, STATE)		
DIPLOMA YESNO_	ANTICIPATED(YEAR)	
UNIVERSITY/COLLEGE	•	YEAR COMPLETED 1 2 3 4 +
LOCATION(CITY, STATE)		
DEGREE/DIPLOMA YES	NOANTICIPATED(YEAR	
LICENSES/CERTIFICATIONS_	THE STREET AND THE ST	

EMPLOYMENT HISTORY

EMPLOYER	DATES OF EMPLOYMENT
LAST POSITION HELD	SUPERVISOR
LOCATION	TEL
EMPLOYER	DATES OF EMPLOYMENT
LAST POSITION HELD	SUPERVISOR
LOCATION	TEL
EMPLOYER	DATES OF EMPLOYMENT
LAST POSITION HELD	SUPERVISOR
	TEL
HAVE YOU EVER BEEN TERMINATED (FIRED) FF IF YES, GIVE EXPLANATION	ROM EMPLOYMENT FOR ANY REASON?YESNO
HAVE YOU EVER RESIGNED FROM EMPLOYMEN INTENDED TO TERMINATE OR DISCIPLINE YOU IF YES, GIVE EXPLANATION	
BACKGROUND INFORMATION	ED WITH A CRIME? YES NO (IF YES, ATTACH AN
IF YES,	VIOLATION
	VIOLATION
	VIOLATION
	PENDED OR REVOKEDYESNO IF YES, DATE,

HAVE YOU EVER USED, TRIED OR PRESCRIBED PRESCRIPTION DRU	REXPERIMENTED WITH ILLEGAL DRUGS? (ILLICTI DRUGS, NON- UGS)YESNO
IF YES, TYPE OF DRUG(S)	LENGTH OF USE
ALCOHOL OR OTHER ALCOHOL R	OR RECEIVED A VIOLATION NOTICE FOR UNDERAGED DRINKING OF ELATED ISSUES?YESNO ATION
ARE YOU DELINQUENT IN ANY PA BY A COURT OR GOVERNMENT A IF YES, PROVIDE DETAILS:	YMENTS INCLUDING CHILD SUPPORT OR ANY OTHER PAYMENT ORDERED GENCY?YESNO
RESIDENCE HISTORY	
PLEASE LIST RESIDENCES FOR T	HE PAST FIVE YEARS:
REFERENCES	
PLEASE PROVIDE THE NAMES OF	THREE NON-RELATED REFERENCES THAT WE MAY CONTACT.
(NAME)	(TELEPHONE)
(NAME)	(TELEPHONE)
(NAME)	(TELEPHONE)
THAT ANY FALSE, MISLEADING, C APPLICATION MAY BE GROUNDS DENIAL OF ANY FUTURE APPLICA PROVIDE DOCUMENTATION TO T FOR SUBMISSION OF AN 1-9 FORM	N POSITION WITH THE COLCHESTER POLICE DEPARTMENT I UNDERSTAND OR INTENTIONALLY INCOMPLETE ANSWERS OR STATEMENTS ON THIS FOR REJECTION AS A CANDIDATE FOR ANY EMPLOYMENT POSITION AND ATION. IF SUCCESSFUL AS A CANDIDATE, I UNERSTAND THAT I MUST THE TOWN OF COLCHESTER TO FULFILL THE REQUIREMENTS OF IDENTITY M TO THE US DEPARMENT OF HOMELAND SECURITY.
CERTIFY THAT THE INFORMATION	ON I HAVE PROVIDED IS TRUE AND ACCURATE TO THE BEST OF MY ABILITY.
(SIGNATURE)	(DATE)